2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000082173

Entity Name: ULTIMATE CUSTOM CLOSETS, LLC

Current Principal Place of Business:

58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

New Mailing Address:

FEI Number: 20-5406483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURCH, KENNETH
58 ANNAPOLIS LANE
CAPE HAZE, FL 33947 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BURCH, KENNETH
Address: 58 ANNAPOLIS LANE
City-St-Zip: CAPE HAZE, FL 33947 US

Title: MGRM ( ) Delete
Name: BURCH, ORVIS
Address: 58 ANNAPOLIS LANE
City-St-Zip: CAPE HAZE, FL 33947 US

Title: MGRM ( ) Delete
Name: DAMICO, SAM
Address: 7432 BROOKHAVEN TR
City-St-Zip: ENGLEWOOD, FL 34224 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BURCH, KENNETH
Address: 372 BAILY ST
City-St-Zip: BOCA GRANDE, FL 33921 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH L BURCH MGRM 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date